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## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application of Digital Number

101749529

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR                                    | NUMBER FILED | NUMBER EXTRA     |
|--|--------------|------------------|
| BASIC FEE<br>(37 CFR 1.16(a))          |              |                  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))       | minus        | +                |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b)) | minus        | +                |
| MULTIPLE DEPENDENT CLAIM PRESENT       |              | (37 CFR 1.16(d)) |

## SMALL ENTITY

| RATE | FEES |
|------|------|
| X \$ | =    |
| X \$ | =    |
| X \$ | =    |
| + \$ | =    |

TOTAL

OTHER THAN  
SMALL ENTITY

| RATE | FEES |
|------|------|
| X \$ | =    |
| X \$ | =    |
| X \$ | =    |
| + \$ | =    |

TOTAL

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A:   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|------------------|
| Total<br>(37 CFR 1.16(e))  | 28  | Linus                                       | =                |
| Independent<br>(37 CFR 1.16(d))                                  | 2   | Linus                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(d)) |   |   |                  |

## SMALL ENTITY

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

OTHER THAN  
SMALL ENTITY

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B:   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|------------------|
| Total<br>(37 CFR 1.16(e))  | 23  | Linus                                       | = 1              |
| Independent<br>(37 CFR 1.16(d))                                  | 1   | Linus                                       | = 1              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(d)) |   |   |                  |

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C:   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|------------------|
| Total<br>(37 CFR 1.16(e))  |   | Linus                                       | =                |
| Independent<br>(37 CFR 1.16(d))                                  |   | Linus                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(d)) |   |   |                  |

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

| RATE              | ADDI-<br>TIONAL<br>FEE |
|-------------------|------------------------|
| X \$              | =                      |
| X \$              | =                      |
| X \$              | =                      |
| TOTAL<br>ADDL FEE |                        |

\* If zero, enter "0". If negative, enter minus sign followed by amount.  
 \*\* If multiple dependent claims are present, enter the highest number paid for.  
 \*\*\* If multiple dependent claims are present, enter the highest number paid for.  
 \*\*\*\* If multiple dependent claims are present, enter the highest number paid for.

1. If the difference in column 1 is less than zero, enter "0" in column 2.  
 2. If the difference in column 1 is greater than zero, enter the amount in column 2.  
 3. If the difference in column 1 is zero, enter the amount in column 2.  
 4. If the difference in column 1 is zero, enter the amount in column 2.